

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036343

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5289

STATE FILE NUMBER

FILED OCT 9 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANSAS CITY

Length of stay in 1b

UNKNOWN

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

OSTEOPATHIC HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

3319 PENNSYLVANIA AVE. 2ND FLOOR NORTH

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First CHARLES A

Middle

Last MOYER

4. DATE OF DEATH

Month September 26, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-28-1881

9. AGE (last birthday)

82

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NURSE

10b. KIND OF BUSINESS OR INDUSTRY

KANSAS CITY GENERAL HOSPITAL

11. BIRTHPLACE (City and state or country)

CALIFORNIA

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

UNKNOWN MOYER

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

KATHERINE E. MOYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

YES WORLD WAR I

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

KATHERINE EUGENIA MOYER, KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive heart failure

DUE TO (b)

Coronary sclerosis

DUE TO (c)

[REDACTED]

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

3 days

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cancer of prostate with obstructions

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

[REDACTED]

20f. CITY, TOWN, OR LOCATION

[REDACTED]

COUNTY

[REDACTED]

STATE

[REDACTED]

21. I attended the deceased from 1958 to SEPT 26 1963 and last saw her alive on SEPT 26 1963

Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. M. Price D.O.

(Degree or title)

22b. ADDRESS

926 E 11th ST.

22c. DATE SIGNED

SEPT 27, 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

23b. DATE

SEPT. 30, 1963

23c. NAME OF GEMSBURY OR CREMATORY

San Francisco's Crematory

23d. LOCATION (City, town, or county)

KANSAS CITY, MISSOURI

(State)

24. FUNERAL DIRECTOR

San Francisco's Crematory

25. DATE RECD. BY LOCAL REG.

9-30-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

27. REGISTRAR'S SIGNATURE

[REDACTED]

28. REGISTRAR'S SIGNATURE

[REDACTED]

29. REGISTRAR'S SIGNATURE

[REDACTED]

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

041780-0012
041780

14

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.